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20995 7590 03/23/2004

**KNOBBE MARTENS OLSON & BEAR LLP
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Mark J. Kertz

(Depositor's name)

Mark Kertz

(Signature)

Apr. 28, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/021,795	12/11/2001	Tuan Anh Nguyen	VGEN.008A	2030

TITLE OF INVENTION: HYDRAULIC CONFIGURATION FOR INTRAOCULAR LENS SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
- nonprovisional	YES	\$665	\$300	\$965	06/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MATTHEWS, WILLIAM H	3738	623-006370

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Knobbe Martens2 Olson & Bear LLP

3 _____

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(A) NAME OF ASSIGNEE

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Visiogen, Inc.**Irvine, CA**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

*Mark Kertz**Apr. 28, 2004*

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05/04/2004 WABRHAM2 00000074 10021795

01 FC:2501

665.00 OP

02 FC:1504

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03 FC:8001

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